MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/873555

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7		1					57						
8		1					58						
9		1					59		1				
10		1					60		1				
11							61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15							65		1				
16							66		1				
17							67		1				
18							68		1				
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40							90						
41							91						
42							92						
43							93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.	10					
TOTAL CLAIMS	22						TOTAL CLAIMS	10					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

$$\frac{22}{32}$$